

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553295			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CENTRAL VIRGINIA BATTLEFIELDS TRUST, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LLOYD B. HARRISON III 410 WILLIAM STREET FREDERICKSBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FREDERICKSBURG CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: 04742847</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2217 PRINCESS ANNE ST STE 106-N</p> <p style="text-align: center;">CITY/ST/ZIP: FREDERICKSBURG, VA 22401</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL P STEVENS TITLE: PRESIDENT ADDRESS: 1300 THORNTON ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL P STEVENS TITLE: PRESIDENT ADDRESS: 1300 THORNTON ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN LEAHY DIRECTOR 10731 ALLIE DRIVE FREDERICKSBURG, VA 22408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M. PATES DIRECTOR 2010 FALL HILL AVENUE FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSIAH P. ROWE, III DIRECTOR 610 LEWIS STREET FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM A. VAN WINKLE DIRECTOR 12703 TOLL HOUSE ROAD SPOTSYLVANIA, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA P. WANDRES DIRECTOR 18 RIDGE POINTE LANE FREDERICKSBURG, VA 22405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles G. McDaniel DIRECTOR 133 Caroline Street Fredericksburg, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eric D. Powell DIRECTOR 7819 East Robert E. Lee Ct. Spotsylvania, VA 22551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LLOYD HARRISON		LLOYD HARRISON, TREAS/DIR	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			